



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 009400001

CITY OR TOWN BERLIN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VICTULALER'S SERVICE CORPORATION

DOING BUSINESS AS BERLIN COUNTRY CLUB

ADDRESS 25 CARR RD

CITY/TOWN: BERLIN

STATE: MA

ZIP CODE: 01503

MANAGER: CALDERWOOD,  
JAMES D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, UPSTAIRS BAR AND DINING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 009400002

CITY OR TOWN **BERLIN**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **YOSHIKO SEFTON**

DOING BUSINESS AS **SHIRO RESTAURANT**

ADDRESS **3 GATES POND ROAD**

CITY/TOWN: **BERLIN**

STATE: **MA**

ZIP CODE: **01503**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**ALL FIRST FLOOR (4 ROOMS) SECOND FLOOR (5 ROOMS) AND BASEMENT STORAGE AREA**

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 009400003

CITY OR TOWN BERLIN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERLIN COMMERCIAL REALTY LLC

DOING BUSINESS AS THE FLAT PENNY

ADDRESS 263 WEST ST

CITY/TOWN: BERLIN

STATE: MA

ZIP CODE: 01503

MANAGER: SMITH, GREGORY TYPE OF LICENSE: Restaurant  
S

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR BLDG, DINING ROOM. 2 DOORS LEFT AND RIGHT AND RIGHT REAR EXIT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 009400004

CITY OR TOWN BERLIN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERLIN LIQUORS, LLC

DOING BUSINESS AS BERLIN LIQUORS

ADDRESS 64 RIVER RD.

CITY/TOWN: BERLIN

STATE: MA

ZIP CODE: 01503

MANAGER: SENIE, WILLIAM

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

100 FT ENTRANCE TO EXIT. ONE FLOOR , 2 ROOMS, BATHROOM AND OFFICE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 009400005

CITY OR TOWN BERLIN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAIGNEAULT'S LIQUOR INC.

DOING BUSINESS AS DAIGNEAULT'S LIQUORS OF BERLIN

ADDRESS 264 WEST ST.

CITY/TOWN: BERLIN

STATE: MA

ZIP CODE: 01503

MANAGER: GREEN,  
CHRISTOPHER M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR BRICK BLDG, ONE LARGE ROOM WITH STORAGE FACILITIES, APPROX 1000 SQ FT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 009400007

CITY OR TOWN **BERLIN**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **HEATH CORP. OF MARLBOROUGH, INC**

DOING BUSINESS AS **TGI FRIDAY'S**

ADDRESS **SOLOMON POND MALL**

CITY/TOWN: **BERLIN**

STATE: **MA**

ZIP CODE: **01503**

MANAGER:

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

DESCRIPTION OF LICENSED PREMISES:

**APPROX 7000 SQ FT OF FLOOR SPACE. ONE FLOOR WITH THREE EXITS**

I hereby certify and swear under penalties of perjury that:

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DATE:

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DATE: